

APPLICATION FOR A ZONING PERMIT FOR FLOODPLAIN DEVELOPMENT
IN THE C-1 CONSERVANCY DISTRICT

For Office use only: Fee Pd. (see Fee Schedule) _____ATF Y/N: ____Receipt No. _____Checked by _____PSE approved _____

LRD approval received _____DNR approval received _____FEMA approval received _____ACOE approval received _____

BOA No. _____PO No. _____CU No. _____ZP Appl. No. _____ZP No. _____

File copy _____Building Inspector copy _____Town Assessor copy _____Owner copy _____Applicant copy _____

Waukesha County Zoning Code _____Waukesha County Shoreland and Floodland Protection Ordinance _____

Town _____Section _____Zoning District(s) _____Tax Key No(s). _____

Owner _____Applicant (if different) _____

Mailing address _____Mailing address _____

Daytime Phone No. (_____) _____Daytime Phone No. (_____) _____

Address of Premises (if different) _____

Legal Description (from survey) _____

Detailed and complete description of proposed work to be completed and the intended use(s) (attach additional pages, if necessary): _____

Ave. Lot Width (ft.) _____Ave. Lot Depth (ft.) _____Total Lot Area (sq. ft.) _____

Type of existing structures on the lot and the use(s) of each: _____

Floodplain Y/N: ____Sewer Y/N: ____Private Well Y/N/Other: ____Non-Conforming Y/N: ____Reason(s): _____

Floodplain elevation (amsl) at project area: _____Numbered A-Zone (Studied area) ____Unnumbered A-Zone (Approximate studied area) ____

FEMA FIRM Panel Number: _____

Floodway mapped? ____ Yes ____ No

Individual study completed for **floodplain elevation** and/or **floodway determinations**: ____ Yes (If so, please attach study) ____ No

Does the floodplain development impede drainage? ____ Yes ____ No

Does the floodplain development result in an increased regional flood elevation? ____ Yes ____ No

Does the floodplain development reduce the flood water storage capacity of the floodplain? ____ Yes ____ No

(Please attach plans illustrating that compensatory storage is being provided for all areas of fill on a minimum of a one to one basis, which equals 100% replacement of any lost floodplain storage capacity. If an easement is required, please provide a copy of such easement.)

Is a building proposed in the floodplain? ____ Yes (If so, please fill out an “Application for a Zoning Permit”) ____ No

FIVE COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION, INCLUDING: lot dimensions and the location of all buildings on the lot in relation to the property boundaries; the location of any waterways and natural or man-made obstructions to the waterways; the location of any wetlands, including the source and date of the wetland determination; the location of the floodfringe and floodway boundary, including the elevation, source and date of the floodplain boundary; and the location of any natural areas, such as a primary or secondary environmental corridor or isolated natural resource area, as designated on the Waukesha County Zoning Maps, Comprehensive Development Plan for Waukesha County, or as designated by SEWRPC. The source and date of the determination of the identified natural areas shall also be identified.

THE FOLLOWING INFORMATION MUST ALSO BE SUBMITTED WITH THIS APPLICATION: an existing and proposed grading plan, including the area of disturbance; a drainage plan; timetable for completion; type, source, and amount of fill; an erosion control plan; a complete vegetative plan including seeding mixtures, amount of topsoil and mulch; a cross-section elevation view of the proposal, perpendicular to the watercourse showing if the proposed development will obstruct flow; and an analysis calculating the effects of this proposal on regional flood height. If the floodplain does not have an established elevation or floodway, a hydraulic and hydrologic study must be submitted for review and approval. If flood water storage is reduced, plans illustrating 100% compensation for any lost flood storage capacity must be submitted for review and approval.

AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST BE COMPLETED WITHIN 6 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT UNLESS OTHERWISE SPECIFIED.

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties.

Signature of Owner _____Date _____

Signature of Applicant _____Date _____

Application (approved) (denied) by Zoning Administrator _____Date _____

Conditions for approval or reasons for denial _____
